

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

DATE NOTICE SENT TO ALL PARTIES: May/15/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: epidural steroid injection L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Neurological Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for epidural steroid injection L5-S1 is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described. The patient underwent lumbar fusion surgery on 01/21/13. Note dated 01/07/14 indicates that the patient states he feels the same and feels that he has not improved after the surgery. MRI of the lumbar spine dated 01/29/14 revealed post op changes with artifacts noted in the right of L5-S1 with laminectomy changes. There is no focal disc herniation or neural foraminal stenosis in the visualized portion of the L1-2 and L2-3 and L3-4 levels. Soap note dated 08/19/14 indicates that tone is normal, power is grossly intact, motor functions are the same, sensation is normal, gait is better and straight leg raising is 70 degrees on the right and 90 degrees on the left. Soap note dated 11/18/14 indicates that he is still not better and has not improved. Soap note dated 04/21/15 indicates that the patient states his low back is the same. The patient states that on a scale of 1 to 100 he has improved about a 2. The patient states that he has had 10 days that he felt a little bit better from his back. On physical examination tone is normal, power is grossly intact, motor functions are normal, sensation is the same, gait is the same, range of motion is decreased in the lumbar spine, reflexes are equal and symmetrical and straight leg raising is 80 degrees bilaterally.

The initial request for epidural steroid injection L5-S1 was non-certified on 03/06/15 noting that there were no clear cut findings of radiculopathy that would identify specific nerve compromise on the patient's most recent physical examination. He was not noted to have sensory or motor loss in a specific dermatome or myotome, with no documentation of cord or nerve root compromise on his lumbar MRI. Additionally, it was not stated the patient had recently failed conservative treatment prior to the recommendation for an injection. The denial was upheld on appeal dated 04/13/15 noting that the imaging study provided was outdated and did not correlate with recent physical examination findings of an active radiculopathy at the L5-S1 level.

The Official Disability Guidelines also state that there must be documentation that the patient was initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs,

and muscle relaxants). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the patient has completed to date or the patient's response to any previous conservative treatment. There was no indication that the patient is actively participating in a home exercise program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx due to an unknown mechanism of injury. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no indication that the patient has undergone any recent active treatment. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of active lumbar radiculopathy, and the submitted lumbar MRI fails to document any significant neurocompressive pathology. As such, it is the opinion of the reviewer that the request for epidural steroid injection L5-S1 is not recommended as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)